

Director's Signature:

C. Salemi

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: May 22, 2010

Employee Name:		Sunday 05/16/10	Monday 05/17/10	Tuesday 05/18/10	Wednesday 05/19/10	Thursday 05/20/10	Friday 05/21/10	Saturday 05/22/10
Corbett,Kate 45161000 <i>Kate Corbett</i> Employee Signature	Day: In - Out		105 220	100 240	1150 250	700 300	600 245	
	Lunch: Out - In		1200 1300	1200 1300	1200 1300	1200 1300	1200 1300	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
Dookhan,Annie 45161000 <i>Annie Dookhan</i> Employee Signature	Day: In - Out		1:45 4:15	6:45 4:00	6:45 3:30	6:45 4:15	6:45 4:15	
	Lunch: Out - In		1200 1230	1200 1230		1000 1230	1200 1230	
	Outside Duty: From - To				7:35 10:15	10:05 1:00		
Document exceptions or comments, indicate type and amount.								
Feiden, Stacey 8100-9745 <i>Stacey Feiden</i> Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
Frasca,Daniela 45161000 <i>Daniela Frasca</i> Employee Signature	Day: In - Out		6:45 2:45	7:30 3:30	7:00 3:00	6:45 2:45	7:00 3:00	
	Lunch: Out - In		1:00 1:30	12:30 1:00	12:45 1:15	12:40 1:10	1:15 1:45	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

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Folk OIG PRR 002835

Employee Name:		Sunday 05/16/10	Monday 05/17/10	Tuesday 05/18/10	Wednesday 05/19/10	Thursday 05/20/10	Friday 05/21/10	Saturday 05/22/10
Philips, Gloria 45161000	Employee Signature <i>G.P.S.</i>	Day: In - Out						
		Lunch: Out - In						
		Outside Duty: From - To						
Document exceptions or comments, indicate type and amount.				CMT 7.5 ✓	CMT 7.5 ✓	SIC 7.5 ✓	CMT 7.5 ✓	Vac 7.5 ✓
Piro, Peter 45161000	Employee Signature <i>P.P.</i>	Day: In - Out	730 3:30	810 6:16	815 2:10		88 1:08	
		Lunch: Out - In	12 12:30	12 12:30				
		Outside Duty: From - To						
Document exceptions or comments, indicate type and amount.				OT 2:0 hr ✓	OT 1.5 ✓	SIC 7.5 ✓	OT 2:1 ✓	
Renczkowski, Daniel 45161000	Employee Signature <i>D.R.</i>	Day: In - Out	810 4:10	645 2:45	705 3:25	700 3:00		
		Lunch: Out - In	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30		
		Outside Duty: From - To						
Document exceptions or comments, indicate type and amount.								7.5 ✓
								SIC
Saunders, Della 45161000	Employee Signature <i>D.L. Saunders</i>	Day: In - Out	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 4:45
		Lunch: Out - In	1:30 2:00	1:40 2:10		1:50 2:00		1:45 2:15
		Outside Duty: From - To			7:35 8:15			
Document exceptions or comments, indicate type and amount.					Salem Superile		CMT 1.5 ✓	OT 9.5 ✓

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William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 5/20/10

of hours requested: 45 hr Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: _____ Date: _____

Department Head: Fudge Main Date: 5/21/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Lisa Glazer	314719	6.0 hrs			
Della Saucier	147387	9.5 hrs			
Zhi Tan	148724	9.5 hrs			